

STATE OF MAINE CHARITABLE SOLICITATIONS

Application for Exemption from Registration as a Charitable Organization



Department of Professional & Financial Regulation
Office of Licensing & Registration
35 State House Station
Augusta, ME 04333-0035

Office Telephone: (207) 624-8624
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Websites

Charitable Solicitations URL: www.state.me.us/pfr/olr/categories/cat10.htm
Office of Licensing & Registration URL: www.state.me.us/pfr/olr/
Department of Professional & Financial Regulation URL: www.maineprofessionalreg.org

Office located at: 122 Northern Avenue, Gardiner, Maine, 04345



STATE OF MAINE
DEPARTMENT OF PROFESSIONAL
AND FINANCIAL REGULATION
CHARITABLE SOLICITATIONS
35 STATE HOUSE STATION
AUGUSTA, MAINE
04333-0035

JOHN ELIAS BALDACCI
GOVERNOR

ANNE L. HEAD
DIRECTOR

INSTRUCTIONS FOR EXEMPTION

Exempt Charitable Organizations are required to file an Affidavit for Exemption (this application) annually, on or before the November 30th renewal date.

If your organization qualifies for any of the “exemptions” listed below, then please complete the attached affidavit and submit the required documentation. If it does not, then please complete a charitable organization registration packet. The packets are located at our website:

www.state.me.us/pfr/olr/categories/cat10.htm. If you have any questions, please contact this office.

The following organizations are eligible to apply as Exempt Organizations:

- Organizations that solicit primarily within their membership, with solicitation activities being conducted by the members.
- Persons soliciting contributions for the relief of any individuals specified by name at the time of the solicitation, when all of the contributions collected, without any deductions whatsoever, are turned over to the named beneficiary for that individual's use.
- Organizations that do not intend to solicit and receive, and do not actually solicit or receive, contributions from the public in excess of \$10,000 during a calendar year, or do not receive contributions from more than 10 persons during a calendar year, if all fund-raising activities are conducted by persons who are unpaid for their services, and if no part of the assets or income inures to the benefit of, or is paid to, any officer or member.
- Educational institutions, the curriculums of which in whole or in part are registered or approved by the Department of Education, either directly or by acceptance of accreditation by an accrediting body recognized by the Department of Education, and organizations operated by the student bodies of such institutions.
- Hospitals that are nonprofit and charitable.

Citation – 9 M.R.S.A., §5006

Charitable exempt organization status exempts the organization from registering as a charitable organization in the State of Maine. The organization must fulfill all other requirements, such as completion of campaign forms after a contract with a professional solicitor/professional fund-raising counsel/commercial co-venturer has expired. (An organization established for, and serving, a *bona fide* religious purpose is not subject to the registration requirement.)

All charitable registrations expire on 11/30 of every year.

For a copy of the Charitable Solicitations statutes, please visit our website:

<http://www.state.me.us/pfr/olr/categories/cat10.htm>

If you have any questions, please contact Marlene M. McFadden by e-mail at marlene.m.mcfadden@maine.gov, by phone at (207) 624-8624, by fax at (207) 624-8637 or through our hearing impaired line at TTY: 1-888-577-6690.

WHAT TO SUBMIT FOR CHARITABLE EXEMPTION REGISTRATION

- This Application for Registration as an Exempt Charitable Organization (“Affidavit for Exemption”).
- Statement of organizational purpose (which may be either stated in the Affidavit or referenced as an attached document).
- Notary’s signature and seal.
- \$10 registration fee. Checks or money orders should be made out to “Treasurer State of Maine.” Please do not send cash.
- A photocopy of your organization’s IRS determination letter (for the initial application).
- Financial Information: A copy of your organization's most recent audited financial statement and most-recent IRS Form 990. (Please submit both, if available. If you have only one, then submit it. If you have neither, then submit a photocopy of the organization’s budget.)
- A current list of officers, directors or trustees. The list must include the principal salaried executive officer of your organization with his/her current address.



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**CHARITABLE ORGANIZATION
AFFIDAVIT FOR EXEMPTION**

Personally appeared before me, the undersigned authority _____
(Person Making Statement)

who is _____
(Owner/President/Vice President/Secretary/Treasurer/Partner)

of _____
(Name of Organization)

located at _____
(Street Address) P. O. Box (if applicable)

in _____ () _____
(City, State and Zip Code) (Telephone Number)

E-mail _____

Federal Employer's Identification Number (FEIN) _____

Describe the purpose of the charitable organization:

The fiscal year for the organization is from: _____ to _____.

Please attach a list of directors and officers, including the organization's principal officer. This list should include mailing addresses, contact phone numbers, and e-mail addresses.

Check the category of exemption for which your organization is applying:

- ☐ Organizations that solicit primarily from within their membership and in which solicitation activities are conducted by the members.
- ☐ Persons soliciting contributions for the relief of any individuals specified by name at the time of the solicitation, when all of the contributions collected, without any deductions whatsoever, are turned over to the named beneficiary for that individual's use.
- ☐ Organizations that do not intend to solicit and receive and do not actually solicit or receive contributions from the public in excess of \$10,000 during a calendar year or do not receive contributions from more than 10 persons during a calendar year, if all fund-raising activities are carried on by persons who are unpaid for their services and if no part of the assets or income inures to the benefit of or is paid to any officer or member.
- ☐ Educational institutions, the curriculums of which in whole or in part are registered or approved by the Department of Education, either directly or by acceptance of accreditation by an accrediting body recognized by the Department of Education, and organizations operated by the student bodies of such institutions.
- ☐ Hospitals that are nonprofit and charitable.

I understand that anyone knowingly making a false representation with the intent to obtain an exemption from the requirements of Title 9, Chapter 385 commits a Class D crime.

If these facts or circumstances change so as to alter the basis for exemption, I shall immediately notify the Department of Professional and Financial Regulation, Office of Licensing and Registration, of the changes.

Date

Signature

Name Typed or Printed

Sworn and subscribed to before me this _____ day of _____, 20_____.

Notary's Signature

Jurisdiction in which Signed

Notary's Name Typed or Printed



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AUTHORIZATION OF CREDIT CARD PAYMENT

Fees owed to this Department may be paid by the use of a credit card. If you wish to pay your fee(s) with your credit card, please complete this form and send it with your application. Payment through credit cards will not be processed without this authorization form.

Name: (applicant fees being paid for)		
Mailing Address: (applicant fees being paid for)		
City:	State:	Zip Code:
County:	Telephone #: () -	
Name of cardholder: (if other than applicant)		
Mailing Address: (if other than applicant)		
City:	State:	Zip Code:

I authorize the State of Maine, Department of Professional and Financial Regulation, Office of Licensing and Registration to charge my:

☐

Visa

☐

MasterCard

Card number

Expiration date: ____/____/____ in the amount of: \$ _____

Signature: _____ Date: ____/____/____

PHONE:
(207) 624-8624



FAX: (207) 624-8637

HEARING-IMPAIRED:
1-888-577-6690

OFFICES LOCATED AT: 122 NORTHERN AVENUE, GARDINER,
MAINE